## FORM D RECEIVED UN 15

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPROVAL					
OMB Num	nber:	3235-0076				
Expires	April	30, 2008				
Estimated average burden						

hours per response: 16.00

SEC USE ONLY								
Prefix		Serial						
	DATE F	ECEIVED						
		1						

Name of Offering (☑ check if this is an amendm Goldman Sachs Global Manager Strategie		
Filing Under (Check box(es) that apply):		
Type of Filing: ☐ New Filing ☑ Amend		
	A. BASIC IDENTIFICATION D	ATA
1. Enter the information requested about the iss	uer	
Name of Issuer ( check if this is an amendm	ent and name has changed, and ind cate ch	nange.)
Goldman Sachs Global Manager Strategie	s Managed Portfolios, L.L.C.	07067730
	umber and Street, City, State Zip Code)	Telephone Number (including Area Code)
One New York Plaza, New York, New Yo	rk 10004	(212) 902-1000
• • •	(Number and Street, City, State and Zip Co	ode) Telephone Number (Including Area Code)
(if different from Executive Offices)		PROCESSED
Brief Description of Business		PROGLOGED
To operate as a private investment fund.		📙 JUN 2 5 2007
		JON 2 3 2001
Type of Business Organization		LHOMSON
□ corporation	☐ limited partnership, already formed	☑ other (please specify INANCIAL
☐ business trust	☐ limited partnership, to be formed	Limited Liability Company
	Month Ye	ar
Actual or Estimated Date of Incorporation or Or		9
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service al	hbroviation for
surismental of meorporation of Organization.	State: CN for Canada; FN for other for	
	State. C. For Canada, T. For Other for	
GENERAL INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washingtor, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee. There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA			
2. Enter the information requested for the following:			
* Each promoter of the issuer, if the issuer has been organized within the past five years;			
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of the issuer;</li> </ul>	of, 10% or	more (	of a class of equity securities
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and mana</li> </ul>	ring partner	ofpa	rtnarchin iccuarce and
	ging partners	or pa	rmership issuers, and
* Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐	Director	<u> </u>	General and/or Managing Partner
Full Name (Last name first, if individual)			
Goldman Sachs Asset Management, L.P. (the Issuer's Manager)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
One New York Plaza, New York, New York 10004	<del>,</del>	·	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐  * of the Issuer's Manager	Director		General and/or Managing Partner
Full Name (Last name first, if individual)	1	•	
Aakko, Markus	<u> </u>		
Business or Residence Address (Number and Street, City, State, Zip Code)			
One New York Plaza, New York, New York 10004			·
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Exect tive Officer* ☐  * of the Issuer's Manager	Director		General and/or Managing Partner
Full Name (Last name first, if individual)			
Gottlieb, Jason			
Business or Residence Address (Number and Street, City, State, Zip Code)			
One New York Plaza, New York, New York 10004	٠,,		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ * of the Issuer's Manager	Director		General and/or Managing Partner
Full Name (Last name first, if individual)			
Kelly, Edward	İ.		
Business or Residence Address (Number and Street, City, State, Zip Code)	1		
One New York Plaza, New York, New York 10004			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐  * of the Iss Jer's Manager	Director		General and/or Managing Partner
Full Name (Last name first, if individual)			
Kramer, J. Douglas			
Business or Residence Address (Number and Street, City, State, Zip Code)			
One New York Plaza, New York, New York 10004			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ * of the Iss ier's Manager	Director		General and/or Managing Partner
Full Name (Last name first, if individual)			
Ross, Hugh M.	1		·
Business or Residence Address (Number and Street, City, State, Zip Code)			,
One New York Plaza, New York, New York 10004	1		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ * of the Issuer's Manager	Director	0	General and/or Managing Partner
Full Name (Last name first, if individual)			
Wade, Matthew			
Business or Residence Address (Number and Street, City, State, Zip Code)			

One New York Plaza, New York, New York 10004

				B. IN	FORMAT	ION ABO	U'r offi	ERING				
1. Has th	e issuer sole	l, or does th					stor; in this 2, if filing t				Yes □	No Ø
	is the minim ter's Mana <sub>l</sub> table.		nent that wil	l be accepte	ed from any	individual?	)			rmines is	\$	*
											Yes	No
3. Does t	he offering	permit joint	ownership	of a single	unit?		• • • • • • • • • • • • • • • • • • • •	**,****			Ø	
comm If a pe or stat	the informatission or singlession to be list the mer or dealer,	nilar remun sted is an a ame of the	eration for s ssociated po broker or d	solicitation erson or age ealer. If me	of purchase int of a brok ore than five	rs in connecter or dealer e (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or wi	offering. th a state		
Full Name	e (Last name	first, if ind	ividual)					<del></del>				·
*Although	, Sachs & C h the securi r in any jur or Residence	ties will be isdiction.		<b>-</b>			mm:ssions v	will be paid	l, directly o	or indirectly	, for solicit	ing any
85 Broad	Street, Nev	v Vork Ne	w Vork 10	004								
	Associated E			004								
	Which Perso All States" o				o Solicit Pu	rchasers					🗹 A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK.]	[OR]	[PA]
[RI] Full Name	[SC] (Last name	[SD] first, if ind	[TN] ividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	or Residence	•		Street City	v State Zin	Code)		<del></del> ,				
				Sircei, City	y, State, 21p					·		
Name of A	Associated E	roker or Do	ealer									
	Which Perso All States" o										🗖 Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[ DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[:NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[SC] (Last name	[SD] first, if ind	[TN] ividual)	[TX]	[UT]	[VT]	['/A]	[WA]	[WV]	[WI]	[WY]	[PR]
Business	or Residence	: Address (1	Number and	Street, City	y, State, Zip	Code)		•				
Name of A	Associated E	roker or Do	ealer	<del></del>								
	Which Perso All States" of					rchasers		******************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			All States
` [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
ווקו	[SC]	[CD]	[TNI]	[TY]	HIT	IVTI	(\'Δ1	[WA]	rwvi	rwn	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred	_			
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify): Limited Liability Company Units	\$_	12,231,526,178	\$	12,231,526,178
	Total	\$	12,231,526,178	\$	12,231,526,178
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter '0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount Of Purchases
	Accredited Investors	_	4,544	\$	12,231,526,178
	Non-accredited Investors	_	0	\$	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify secur ties by type listed in Part C-Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	-	N/A	\$	N/A
	Total		N/A	\$	N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_		•	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}$	\$	842,392
	Accounting Fees		0	\$	0
	Engineering Fees.			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0_
	Total		图	\$	842,392

		<del></del>			<del></del>			
	C. OFFERING PRICE, NUM	BER OF INVESTORS, E	XPENS	ES A	AND USE OF P	ROCE	EDS	}
	<ul> <li>b. Enter the difference between the aggregate of</li> <li>Question 1 and total expenses furnished in redifference is the "adjusted gross proceeds to the is</li> </ul>	sponse to Part C - Question	4.a. Thi	is		s _	1	2,230,683,786
5.	Indicate below the amount of the adjusted gross to be used for each of the purposes shown. If the furnish an estimate and check the box to the payments listed must equal the adjusted gross proto Part C - Question 4.b. above.	e amount for any purpose is n left of the estimate. The to	ot knowr tal of th	n, e				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees		🗖	\$_	0		\$_	0
	Purchase of real estate		🗖	\$_	0		\$	0
	Purchase, rental or leasing and installation of mac	hinery and equipment	🗅	\$_	0		\$	0
	Construction or leasing of plant buildings and fac	ilities	🗖	\$_	0		\$	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of					_	•	
	·		_	\$ -	0		) -	0
	Repayment of indebtedness			<b>\$</b> _	0	- 0	\$ _	0
	Working capital Other (specify): Investment Capital			<b>\$</b> _	0		\$_	0
	Other (specify): Investment Capital			\$_	<del></del>	_ 🗹	\$_	12,230,683,786
	Column Totals		🗖	\$_	<u></u>	_ <b>Ø</b>	\$_	12,230,683,786
	Total Payments Listed (column totals added)				☑ \$	12,230,	683,	786
		D. FEDERAL SIGNAT	URE					
fo	he issuer has duly caused this notice to be signed ollowing signature constitutes an undertaking by the f its staff, the information furnished by the issuer to	e issuer to furnish to the U.S.	Securiti	es an	d Exchange Comm	nission,	upo	
ssı	uer (Print or Type)	Signature			Date	• • • • • • • • • • • • • • • • • • • •		
	ldman Sachs Global Manager Strategies naged Portfolios, L.L.C.	Caroline	<u></u>		June <u>#</u> , 2007			
Var	ne of Signer (Print or Type)	Title of Signer (Print or Type	:)					
Cai	roline Kraus	Assistant Secretary of the I	suer's l	Mana	ger			
	<del></del>							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

 $\mathbb{END}$